



**CONGRESSIONAL INQUIRY PRIVACY RELEASE**

*The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I need your written signature on this waiver before I can intervene with a federal agency on your behalf.*

Beneficiary's Name: \_\_\_\_\_ Other names used: \_\_\_\_\_

Petitioners Name: \_\_\_\_\_ Relation to Beneficiary: \_\_\_\_\_

Petitioner's Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_

Application Type: \_\_\_\_\_ Case Number #: \_\_\_\_\_

Receipt#: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Other Congressional Offices Contacted: \_\_\_\_\_

*( ) check if address has changed since last application was filed.*

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize *(list relevant federal agencies)* \_\_\_\_\_ to release to you such information as you may require.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

*\*\*If you wish to share this information with other individuals, please indicate whom and initial below.*

*I authorize \_\_\_\_\_ to receive information from Congresswoman*

*Gwen Moore relative to my claim/case. Initial \_\_\_\_\_ Date \_\_\_\_\_.*

**\*Please submit this form and supporting documentation to the Milwaukee address listed above.**